

Data collection form

1. Study ID 2. Date completed / /
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Q

3. Age (in years)

4. Sex

Female ☐ 1 *Tick one*
Male ☐ 2

5. Ethnic group

Asian ☐ 1 *Tick one*
Black ☐ 2
Mixed ☐ 3
White ☐ 4
Other _____ ☐ 5 *Write in*

6. Marital status

Co-habiting ☐ 1 *Tick one*
Single ☐ 2
Married ☐ 3
Other _____ ☐ 4 *Write in*

7. Sexual orientation

Sexual partners of same sex ☐ 1 *Tick all*
Sexual partners of opposite sex ☐ 2 *that apply*
Sexual partners of same and opposite sex ☐ 3

8. What is your reason for visiting the clinic today

a. You have noticed some symptoms in the genital region ☐ 1 ☐ 0 *Tick all*
b. You were told to come in by a partner ☐ 1 ☐ 0 *that apply*
c. You had a follow-up appointment in the clinic ☐ 1 ☐ 0
d. You are here just for a check-up. No symptoms ☐ 1 ☐ 0
e. Other reason (please specify) _____ ☐ 1 ☐ 0

9. Do you have access to any of the following at present

a. Being able to receive letters privately ☐ 1 ☐ 0 *Tick all*
b. Mobile telephone with text messaging ☐ 1 ☐ 0 *that apply*
c. Private email ☐ 1 ☐ 0

10. How many sexual partners have you had in the previous 3 months

 Write in

11. Have you ever had any of the following sexually transmitted infections

Gonorrhoea, Syphilis, Genital Herpes, Chlamydia, Non Specific
Urethritis (NSU), Trichomonas, Genital warts

Yes No

☐ 1 ☐ 0 *Tick one*

12. Please rate the following methods of **contacting your sexual contact if you are found** to have a sexually transmitted infection, where 1 means this is not a good method and 5 means you think this is a very good method. 0 indicates that don't know or are undecided

		Not a good method				Very good method	Don't Know
		1	2	3	4	5	0
a	You will be the one to tell your partners that they may have an infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	The clinic will send a letter to your partners to tell them they may have an infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	The clinic will phone your partners to tell them they may have an infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	The clinic will send a text message to your partners to tell them they may have an infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	The clinic will send an email to your partners to tell them they may have an infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Please rate the following methods of **contacting you if your sexual contact is found** to have a sexually transmitted infection, where 1 means this is not a good method and 5 means you think this is a very good method. 0 indicates that don't know or are undecided

		Not a good method				Very good method	Don't Know
		1	2	3	4	5	0
a	Being informed by your partner (verbally/text/letter etc) that you may have a sexually transmitted infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Receiving a phone call from the clinic informing you that you may have a sexually transmitted infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Receiving a text message on your mobile phone informing you to contact the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Receiving a text message on your mobile phone informing you that you may have a sexually transmitted infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Receiving an email informing you that you may have a sexually transmitted infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Receiving an email informing you to contact the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Receiving a letter from the clinic informing you to contact the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Receiving a letter from the clinic informing you that you may have a sexually transmitted infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>